

**BALTIMORE HOMELESS SERVICES, INC.**

**NOTICE OF FUNDING AVAILABILITY  
Emergency Services**

**OVERVIEW**

The Housing First approach to homeless services was adopted by Baltimore Homeless Services, Inc. (BHS) and it rests on two central premises:

- Re-housing should be the central goal of our work with people experiencing homelessness, and
- By providing housing assistance and follow-up case management services after a family or individual is housed, we can significantly reduce the time people spend in homelessness.

A housing first approach consists of three components: (1) Crisis intervention, emergency services, screening and needs assessment; (2) Permanent housing services and (3) Case management services.

**In this Notice of Funding Availability (NOFA), Baltimore Homeless Services, Inc. (BHS) is soliciting applications to expand emergency services for people who are homeless in Baltimore City.**

Individuals and families who have become homeless have immediate, crisis needs that need to be accommodated, including the provision of emergency shelter.

BHS is requesting applications for the creation of the following:

- A permanent winter shelter for homeless men, women and families that will be open November 15 to March 31 and that will expand bed capacity when the temperature falls below 32 degrees. Approximately \$255,000 will be available.
- An emergency shelter for 40 homeless men that will be operational year round. Approximately \$175,000 will be available.
- A drop in center for homeless single adults, men and women that will be operational year round from 5 pm to 8 am, 365 days a year. Approximately \$150,000 will be available.

An applicant may apply for one, two or all of the above projects. The total amount available for operating costs in this NOFA is \$580,000. In addition there is approximately \$400,000 available (if needed) in capital funds for acquisition and/or rehabilitation of property to create any or all the above projects and/or to increase the capacity of existing shelters to meet the project demands.

**ELIGIBLE APPLICANTS**

Applicant must be a non-profit 501(c)(3) tax-exempt organization or have proof of non-profit status by the time of the award announcement and be in good standing with the State of Maryland at time of application (Contact (410) 767-1340 to apply for a certificate).

## ELIGIBLE ACTIVITIES FOR FUNDING

**Operation of a Winter Shelter** from November 15 through March 31 from 5:00 pm to 7:00 am for at least 150 men, women and children with expansion to 250 beds on nights when the temperature falls below 32 degrees. The Winter Shelter will replace the current *Code Blue* Shelter with the purpose of supplementing the existing emergency shelter system to reduce death and cold weather-related injury among people experiencing homelessness on the coldest winter nights. With this purpose, the Winter Shelter will operate as a low demand shelter. Low demand is defined as meaning participation in neither services nor being clean and/or sober is a prerequisite for guests using the shelter.

The following services are required in the Winter Shelter: hot dinner and a breakfast meal; access to behavioral health services onsite with referrals to community services including:

- Medical and psychological counseling and supervision;
- Employment counseling;
- Substance abuse treatment and counseling;
- Assistance in obtaining other Federal, State and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as Supplemental Security Income (SSI) benefits, Aid to Families with Dependent Children, General Assistance, and Food Stamps;
- Other services such as job placement and job training.

The eligible activities for funding are:

- Shelter: Creation and/or maintenance and operations of existing beds in the emergency shelter; Expansion in number of new beds in shelter facilities; Purchases of bednights in shelters. Note: The total number of bednights multiplied by the cost per night must equal the total award amount.
- Supplies for Shelters: Cost of purchasing sheets, blankets, cots, pillows, supplies incidental to feeding, and other supplies.
- Food: Mass feeding in shelter facilities for persons who are homeless.
- Staff costs: Costs associated with the operations of the shelter including security, maintenance etc.
- Operating costs: Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings

**Operation of an Emergency Shelter** for approximately 50 single men that is open 365 days a year from at least 5:00 pm to 7:00 am. Referrals to community services is required for:

- Medical and psychological counseling and supervision;
- Employment counseling;
- Substance abuse treatment and counseling;

- Assistance in obtaining other Federal, State and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as Supplemental Security Income benefits, Aid to Families with Dependent Children, General Assistance, and Food Stamps;
- Other services such as transportation, job placement and job training.

The eligible activities for funding are:

- Shelter: Creation, maintenance, and operations of at least 40 beds for emergency shelter; Expansion of at least 50 new beds in current shelter facilities. Note: The total number of bednights multiplied by the cost per night must equal the total award amount.
- Supplies for Shelters: Cost of purchasing sheets, blankets, cots, pillows, supplies incidental to feeding, and other supplies.
- Food: Mass feeding in shelter facilities for persons who are homeless; Vouchers/checks/cash grants for client meal purchases for persons who are homeless.
- Staff: Costs associated with the operations and/or provision of services to the clients of the shelter.
- Operating costs: Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings

**Operation of a Drop-In Center** for at least 150 homeless men and women daily from 5:00 pm to 7:00 am, 365 days a year. The Drop In Center will be a low demand facility defined as meaning participation in neither services nor being clean and/or sober is a prerequisite for guests using the center. Access to showers is required along with referrals to community services including:

- Medical and psychological counseling and supervision;
- Employment counseling;
- Substance abuse treatment and counseling;
- Assistance in obtaining other Federal, State and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as Supplemental Security Income benefits, Aid to Families with Dependent Children, General Assistance, and Food Stamps;
- Other services such as transportation, job placement and job training.

The eligible activities for funding are:

- Staff costs: Costs associated with the operations of the Drop In Center.
- Operating costs: Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings
- Supplies for Shelters: Cost of purchasing sheets, blankets, cots pillows, supplies incidental to feeding, and other supplies.

- Food: Mass feeding in shelter facilities for persons who are homeless; Vouchers/checks/cash grants for client meal purchases for persons who are homeless.

### Capital improvements for winter shelter, emergency shelter and/or drop-in center

Eligible activities include acquisition, rehabilitation and/or repairs to an existing facility to correct code violations, making the facility handicapped accessible and for necessary repairs for the health and safety of residents and staff.

Applicant should submit the following if requesting capital funds:

➤ Community Support

The project should have evidence of community support. Qualified applicants will need to submit letters of support from neighborhood organizations and the community in general for the proposed development prior to applying for funding.

➤ Zoning

Applicant will need to provide a letter from the local zoning office indicating that the project is properly zoned for its intended use. If a zoning change, variance or exception is required, provide documentation from the local zoning office describing the required approval process and provide a detailed schedule for obtaining the approval.

➤ Site Control

Applicants will evidence proof of Site Control. Proof of site control may be in the form of a copy of the deed, purchase agreement, or purchase option or long-term lease agreement.

➤ Compliance with Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) requirements.

Applicants must agree to comply with MBE/WBE Participation as set forth in Article 5, Subtitle 28 of the Baltimore City Code. The Applicant will make good faith effort to utilize MBE/WBE contractors for all projects funded through BHS. However, MBE/WBE participation is mandatory for all projects over \$25,000. For additional information please call the Minority and Women's Business Opportunity Office at (410) 396-4355

Should a project be funded under this NOFA, a **minimum of three (3) bids** for the proposed renovations will need to be submitted. Applicant may not proceed with the hiring of contractor and/or proceed with rehabilitation until a Commitment to Comply has been completed and forwarded to the MBE/WBE Compliance Office.

## SUBMISSION

- An original proposal, including all required items, and two copies should be submitted for each project. **Deadline for submission is 4:00 PM, Wednesday, April 5<sup>th</sup>, 2006.** Late applications will not be accepted. Please allow extra time for hand deliveries due to traffic, parking, and building security procedures.
- Applications should be prepared in Microsoft Word; hand written applications are not acceptable. All applications should be submitted on single-sided 8½ by 11 inch pages with 1-inch margins and be in a 12 font.
- All attachments originally published or printed on two-sided, color and/or glossy paper should be recopied on single-sided, 8 ½ by 11 inch white paper for submission in the application. To maintain the application's print quality, the applicant should not use colored, textured, heavy weight, or tabbed paper. Bindings must be restricted to a clip or staple.
- Applications with an unsigned Application Cover Sheet will not be accepted.
- Submissions by facsimile machine will not be accepted.

Applications are to be submitted to:

Laura Gillis, President/CEO  
Baltimore Homeless Services, Inc.  
210 Guilford Avenue, 2nd Floor  
Baltimore, Maryland 21202

## AWARD NOTIFICATIONS

Successful applicants will be notified of conditional awards in April 2006. Final contract negotiations will be conducted in May and June 2005. The term of the Agreement shall be July 1 to June 30.

**Questions regarding the application should be sent to:**

Susan Olubi	<a href="mailto:susan.olubi@baltimorecity.gov">susan.olubi@baltimorecity.gov</a>	410-396-5991
Shama Ganachari	<a href="mailto:shama.ganachari@baltimorecity.gov">shama.ganachari@baltimorecity.gov</a>	410-396-4887

Baltimore Homeless Services reserves the right to suspend, amend, or modify the provisions of this NOFA, to reject all proposals, to negotiate modifications of proposals, or to award less than the full amount of the funding available.

## EVALUATION

Applications will be reviewed and scored based on the following five evaluation criteria.

Rating Factor 1	Demonstration of Need	20 points
Rating Factor 2	Approach	20 points
Rating Factor 2	Capacity of Applicant	20 points
Rating Factor 4	Experience Narrative	20 points
Rating Factor 5	Budget & Leveraging	20 points

Proposed projects that meet the threshold requirements will be evaluated on a competitive basis against other applications. Incomplete applications will not be considered for funding.

All proposals will be reviewed by an Objective Review Committee using the above criteria. Awards will be made based on need, scoring and recommendations made by the Objective Review Committee.

## SCORING

Applications that score below 70% will not be considered for funding.

# BALTIMORE HOMELESS SERVICES, INC.

## APPLICATION COVER SHEET

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_

Address of Proposed Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

### REQUIRED DOCUMENTS

The following documents are required in the same order as noted below.

1. Application Cover Sheet
2. Application Summary Sheet
3. Project Narrative
4. Experience Narrative
5. Project Budget
6. Leveraging Letters
7. If not currently funded by BHS, please submit the following:
  - Articles of Incorporation and Bylaws
  - State and Federal Tax Exemption Determination Letters
8. Certificate of Good Standing from State of Maryland
9. List of Board of Directors
10. Organizational Chart (note any vacancies)
11. Current Year End Financial Statement
12. Mission statement & Strategic Plan, if applicable
13. Zoning documentation if applicable, (Exhibit)
14. Proof of Site Control, if applicable (Exhibit)
15. Personnel policy for anti-discrimination and grievances
16. Leveraging letters, if applicable

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I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, information provided in this proposal reflects accurate data and estimates of planned/delivered services.

\_\_\_\_\_  
Executive Director (or designee) – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## APPLICATION SUMMARY SHEET

REQUESTED FUNDING:     \$

Project Synopsis: Please provide a brief narrative (not to exceed one paragraph) of the proposed project, where it is located, the number of people it will serve and the use of the funds.

**PROJECT NARRATIVE:** (Complete this section for each separate project. For example, if requesting funding for the emergency shelter and the winter shelter, complete a project narrative for each request.)

**A. DEMONSTRATION OF NEED:**

1. Describe the target population to be served.
2. Describe the geographic service area to be served.
3. Describe the unmet need(s) being addressed.
4. Describe the impact that the proposed project will have on the identified need.

**B. APPROACH:**

1. Describe how the project will operate on a daily basis.
2. Identify who will do the work (staff) of the project, their qualifications and experience.
3. Describe the service delivery approach to maximize service delivery and minimize duplication.
4. Describe collaborative efforts and partnerships.
5. If applying for the winter shelter, please answer the following:

Describe how the project will expand capacity when the temperature goes below 32 degrees and the staffing plan for delivering services to the additional clients.

**C. WORKPLAN:**

Present a clear work plan with a realistic timeline for the award period and identify staff responsible for each key action step, and delineate outcomes. Use the Workplan format on page 11.

1. State goal(s) to be achieved for the proposed project.
2. For each goal, state at least 2 objectives that will assist the project in reaching the goal.
3. State the key action steps for each objective and the staff responsible for the action step.
4. Describe the evaluation plan and data sources that will be used to measure if the objective has been attained.

**SAMPLE**  
**Work Plan July 2006 – June 2007**

**Problem Statement:** People who are homeless need emergency shelter and basic services to meet their immediate needs.

Goal and Objectives	Key Action Steps Planned	Evaluation Plan & Data Source	Comments
<p>Goal A: ABC organization will provide emergency shelter services to at least 50 homeless individuals nightly and link them to services.</p> <p>Objective 1: ABC organization will provide one meal, shower facilities and sleeping accommodations for at least 50 men nightly.</p> <p>Objective 2. ABC organization will link at least 80% of the men served in the shelter to entitlements, jobs and job training, addiction services, mental health services and health care as needed.</p>	<p>O1: ABC organization staff will open emergency shelter at 5 pm nightly and provide for all guests:</p> <ul style="list-style-type: none"> <li>• meal services</li> <li>• shower facilities</li> <li>• sleeping accommodations</li> </ul> <p>Responsible staff: Shelter manager</p> <p>O2: ABC organization will link guests to the following services:</p> <ul style="list-style-type: none"> <li>• Entitlements: transport via People on the Move to DSS.</li> <li>• Jobs and Job training: referrals to ENERGY employment program.</li> <li>• Addiction and Mental Health services: referral to Behavioral Health services</li> <li>• Health care: transport via People on the Move to Health Care for the Homeless</li> </ul> <p>Responsible staff: Shelter manager</p>	<p>O1: 100% utilization of emergency shelter beds.</p> <p>Data source: Monthly activity report from R.O.S.I.E.</p> <p>O2: 80% of clients staying in the shelter will be linked to one or more community services.</p> <p>Data source: Monthly activity report from R.O.S.I.E.</p>	<p>ABC shelter will post the People on the Move transportation van schedule for all guest to see and have schedules available for people to take.</p>

**Work Plan July 2006 – June 2007**

**Problem Statement:** *(The issue and/or unmet needs that the following goals and objectives will address)*

Goal and Objectives	Key Action Steps Planned	Evaluation Plan & Data Source	Comments
Goal A:			
Objective 1:	O1:  Responsible staff:	O1:	
Objective 2:	O2:  Responsible staff:	O2:	

**EXPERIENCE NARRATIVE: (If requesting funding for the more than one project, e.g. emergency shelter and the winter shelter, complete this section only once).**

1. Provide evidence of applicant's skills, experience, and capacity necessary to provide services to homeless persons and implement the project.
2. Describe the organizations experience with similar projects.
3. Provide a brief list of any facilities that the organization currently operates. Include information such as location, type of project, number of persons served, and number of years in operation.
4. Describe the client record management system used by the organization.
5. Describe the fiscal management system including: type of accounting records (manual or automated), use of outside accounting and/or payroll services, capacity to identify and track funds, amount of cash reserve and availability of a line of credit.
6. Describe any auditing findings or concerns in the last 24 months and the resolution of each.

**PROJECT BUDGET: (Complete this section for each project that applicant is applying for.)**

1. Provide a budget narrative describing each line item in detail. For example, 25 MTA bus passes/month @ \$16 each x 2 months = \$800
2. Identify additional resources that help support the proposed project (Funds leveraged for this project will be considered favorably in ranking. Please attach leveraging letters).
3. Complete Project Budget forms (pages 13-14)

## OPERATING BUDGET (Page 1 of 2)

BALTIMORE HOMELESS SERVICES, INC.

**AGENCY:**

PROJECT:

## SCHEDULE OF SALARY COSTS

[illegible]

<b>OPERATING BUDGET (Page 2 of 2)</b>					
<b>BALTIMORE HOMELESS SERVICES, INC.</b>					
<b>AGENCY:</b>			<b>PROJECT:</b>		
<b>PROGRAM EXPENSE</b>	<b>DESCRIPTION OF EXPENSES (type, mileage, # of meals, # of tests etc.)</b>	<b>BHS COST</b>	<b>OTHER SOURCE</b>		
FOOD					
DRUG TESTS					
UTILITIES					
SUPPLIES					
EQUIPMENT					
TELEPHONE					
POSTAGE					
INSURANCE					
ACCOUNTING					
AUDIT					
PAYROLL					
MAINT./REPAIR					
TRANSPORTATION					
RENT					
SECURITY					
CLIENT ASST.					
(toiletries, furnishing phones for clients)					
OTHER (Specify):					

**CAPITAL PROJECT (Complete information below if funds are being requested for capital improvements)**

1. Provide a brief narrative of the nature of the repair and/or renovations that will be undertaken and a detailed construction budget.
2. State how the requested funds will enhance services and/or improve property delineating how the rehabilitation will result in expanded services. Provide a 5-year operating pro-forma to support the above.
3. Identify additional resources that help support the proposed project. Applicant will need to demonstrate a dollar for dollar match for funds requested for the project.
4. Submit a clear and reasonable project budget and budget justification narrative.
5. Please explain how the rehabilitation will affect existing tenants or services.
6. Sources and Uses Statement. Applicants must list all sources and uses of funds, and attach commitment letters or letters of intent for all private sources listed.

5. Operating Pro Forma. (*Estimated net income for a 5 year period*)

	Year 1	Year 2	Year 3	Year 4	Year 5					
Revenue (describe revenue, e.g. fees)										
Other Revenue (specify):										
Total Gross Revenue										
Deductions from Revenue										
Other Deductions (specify):										
Total Deductions from Revenue										
Effective Revenue										
Expenses										
Real Property Taxes										
Personal Property Taxes										
Parking Taxes										
Payroll and Fringe Benefits										
Repairs and Replacements										
Management Fee										
Utilities										
Security										
Other Management Costs (specify):										
Other Expenses (specify):										
Total Expenses										
Net Operating Income										

## PROJECT EVALUATION FORM

Agency Name:

Project Title:

### DEMONSTRATION OF NEED -- 20 points

Applicant describes projects need and relates it to eligible project or goals.

Each indicator in this section is worth a maximum of 5 points, totaling 20 points.

POINTS	INDICATOR	COMMENTS
	Proposal clearly describes the population to be served.	
	Proposal clearly describes the geographic area to be served.	
	Proposal demonstrates unmet need	
	Proposal clearly describes the impact the project will have on the identified need.	
TOTAL POINTS FOR THIS SECTION:		



DEMONSTRATION OF NEED

Strengths

Areas for Improvement

Section Score (0-20)



**APPROACH -- 20 points**

Applicant describes what the project will do and presents how it will be accomplished within a specified time period.

Each indicator in this section is worth a maximum of 5 points, totaling 20 points.

POINTS	INDICATOR	COMMENTS
	Proposal describes how the project will operate on a daily basis.	
	Proposal identifies who will do the work (staff) of the project, their qualifications, and experience.	
	Proposal describes service delivery approach to maximize service delivery and minimize duplication.	
	Proposal describes collaborative efforts and partnerships.	
	Proposal describes how the project will expand capacity for the winter period and how additional staffing will be met (if applicable).	
TOTAL POINTS FOR THIS SECTION:		

**APPROACH**

Strengths

Areas for Improvement

Section Score (0-20)

## WORKPLAN – 20 points

Applicant presents a clear work plan with a realistic timeline for the award period and identifies staff responsible for each key action step, and delineates outcomes.

Each indicator in this section is worth a maximum of 5 points, totaling 20 points.

POINTS	INDICATOR	COMMENTS
	Proposal states goal(s) to be achieved for the proposed project that is reasonable and attainable.	
	Proposal describes at least 2 Objectives for each goal that will assist the project in reaching that goal.	
	Proposal identifies key action steps for <u>each</u> objective that will assist in meeting the objective.	
	Proposal describes the evaluation plan and data sources that will be used to measure if the objectives have been attained.	
TOTAL POINTS FOR THIS SECTION:		

**WORKPLAN**

Strengths

Areas for Improvement

Section Score (0-20)

EXPERIENCE -- 20 points

POINTS	INDICATOR	COMMENTS
	Applicant clearly indicates the skills, experience, required credentials and capacity to provide services to homeless persons and implement the project.	
	Applicant clearly describes the organizations client record management system.	
	Applicant describes the fiscal management system to included: type of accounting records, use of outside accounting and/or payroll services, capacity to identify and track funds, amount of cash reserve and availability of line of credit.	
	Applicant describes any monitoring/auditing findings or concerns in the last 24 months and the resolution of each, if applicable.	
<b>TOTAL POINTS FOR THIS SECTION:</b>		

EXPERIENCE

Strengths

Areas for Improvement

Section Score (0-20)

**BUDGET -- 20 points**

Applicant presents a clear and reasonable project budget and identifies additional resources other than City funds or City contributions that can help support the proposed project. (Resources may include volunteers, in-kind contributions, cash donations, goods, supplies, and service donations, grants, and/or contracts.)

POINTS	INDICATOR	COMMENTS
	Budget is reasonable for the project described.	
	Budget clearly describes how funds will be used for this project.	
	Applicant has identified additional resources that will help support the proposed project (and has attached leveraging letters).	
<b>TOTAL POINTS FOR THIS SECTION:</b>		

**BUDGET & LEVERAGING**

Strengths

Areas for Improvement

Section Score (0-20)